

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date: HEREWITH:

Application Type:: UTILITY

Subject Matter::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: 25 pages

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title: METHODS AND COMPOSITIONS FOR COMBINATION RNAi
THERAPEUTICS:

Attorney Docket Number: 39387-045 US NAT'L

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?: NO

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Application Authority Type: INVENTOR

Primary Citizenship Country: CN:

Status: FULL CAPACITY:

Given Name:: LI

Middle Name::

Family Name:: BAO-JIAN

Name Suffix::

City of Residence: ROCKVILLE:

State or Province of Residence:: MARYLAND
Country of Residence:: UNITED STATES
Street of Mailing Address:: C/O INTRADIGM CORPORATION
12115 PARKLAWN DRIVE
City of Mailing Address:: ROCKVILLE
State or Province of Mailing Address:: MARYLAND
Country of Mailing Address:: UNITED STATES
Postal or Zip Code of Mailing Address:: 20852

Applicant Information

Application Authority Type: INVENTOR
Primary Citizenship Country: US:
Status: FULL CAPACITY:
Given Name:: PATRICK
Middle Name:: Y.
Family Name:: LU
Name Suffix::
City of Residence: ROCKVILLE:
State or Province of Residence:: MARYLAND
Country of Residence:: UNITED STATES
Street of Mailing Address:: 17093 BRIARDALE ROAD
City of Mailing Address:: ROCKVILLE
State or Province of Mailing Address:: MARYLAND
Country of Mailing Address:: UNITED STATES
Postal or Zip Code of Mailing Address:: 20855

Applicant Information

Application Authority Type: INVENTOR
Primary Citizenship Country: US:
Status: FULL CAPACITY:
Given Name:: MARTIN
Middle Name:: C.
Family Name:: WOODLE
Name Suffix::

City of Residence: BETHESDA:
State or Province of Residence:: MARYLAND
Country of Residence:: UNITED STATES
Street of Mailing Address:: 8205 BEECH TREE ROAD
City of Mailing Address:: BETHESDA
State or Province of Mailing Address:: MARYLAND
Country of Mailing Address:: UNITED STATES
Postal or Zip Code of Mailing Address:: 20817

Applicant Information

Application Authority Type: INVENTOR
Primary Citizenship Country: CN
Status: FULL CAPACITY:
Given Name:: FRANK
Middle Name:: Y.
Family Name:: XIE
Name Suffix::
City of Residence: GERMANTOWN
State or Province of Residence:: MARYLAND
Country of Residence:: UNITED STATES
Street of Mailing Address:: 13921 ROCKINGHAM ROAD
City of Mailing Address:: GERMANTOWN
State or Province of Mailing Address:: MARYLAND
Country of Mailing Address:: UNITED STATES
Postal or Zip Code of Mailing Address:: 20874

Correspondence Information

Correspondence Customer Number:: 61263

Representative Information

Representative Customer Number:: 61263

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| 60/541,776 | US | Provisional | FEB. 5, 2004 |
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Foreign Priority Information

| Country: | Application Number: | Filing Date: | Priority Claimed: |
|----------|---------------------|-------------------|-------------------|
| WIPO | WIPO | PCT/US2005/076999 | FEB. 7, 2005 |
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Assignee Information

Assignee Information:: INTRADIGM CORPORATION

City of Mailing Address:: ROCKVILLE

State or Province of Mailing Address:: MARYLAND

Country of Mailing Address:: UNITED STATES